



1646/1#

Patent
Attorney's Docket No. 003300-765

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

SEP 23 2002

TECH CENTER 1600/2900

In re Patent Application of

Kjell OLMARKER *et al.*

Application No.: 09/826,893

Filed: April 6, 2001

For: USE OF CERTAIN DRUGS FOR
TREATING NERVE ROOT INJURY

)
)
) Group Art Unit: 1646
)
) Examiner: Eileen B. O'Hara
)
) Confirmation No.: 3406
)
)
)

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☒ Also enclosed: Attachment to Response to Restriction Requirement and Amendment.
- ☒ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☐ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	25	MINUS 29 =	0	× \$18.00 (103) =	0.00
Independent Claims	2	MINUS 4 =	0	× \$84.00 (102) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:


Mercedes K. Meyer
Registration No. 44/939

P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620

Date: September 19, 2002